

INDIVIDUALIZED, SHORT-COURSE ANTIBIOTIC TREATMENT VERSUS USUAL LONG-COURSE TREATMENT FOR VENTILATOR-ASSOCIATED PNEUMONIA

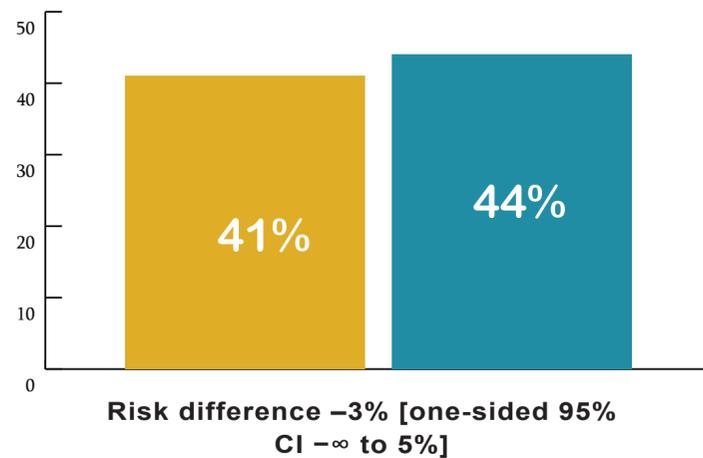
MULTICENTRE, INDIVIDUALLY RANDOMIZED, OPEN-LABEL, NON-INFERIORITY TRIAL

Does a pragmatic, individualized, short-course antibiotic treatment strategy for ventilator-associated pneumonia (VAP) result in non-inferior outcomes compared to usual care in terms of mortality and pneumonia recurrence?

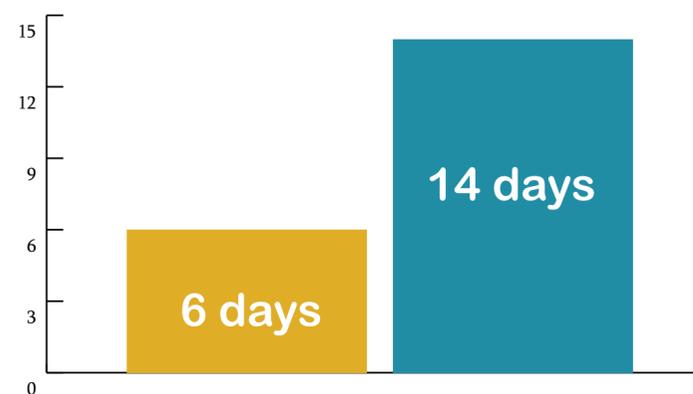


Critically ill adults undergoing invasive mechanical ventilation for at least 48 hours who developed VAP and treated with antibiotics until fever resolution for 48 h and haemodynamic stability.

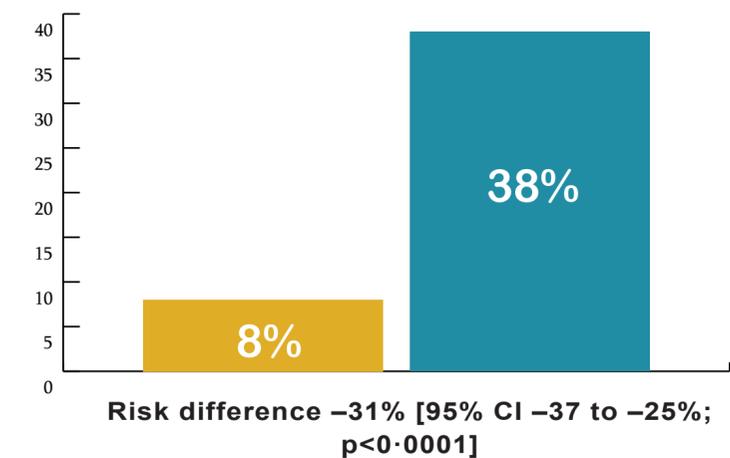
60-day Composite Endpoint of Death or Pneumonia Recurrence



Median Antibiotic Treatment Duration



Antibiotic Side Effects



Individualized shortened antibiotic duration guided by clinical response was non-inferior to longer treatment durations in terms of 60-day mortality and pneumonia recurrence, and associated with substantially reduced antibiotic use and side-effect.